

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019867

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 39

**FILED MAY 16 1962**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fair Township</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wreck on I 29 Highway</b>		d. STREET ADDRESS (If outside, give location) <b>1137 Grandview</b>	
3. NAME OF DECEASED (Type or print) First <b>Elisha</b> Middle <b>Albert</b> Last <b>Collins</b>		4. DATE OF DEATH Month <b>May</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-2-1935</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Labor</b>		11. BIRTHPLACE (City and state or country) <b>Concordia, Mo.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>General Motors</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William H. Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Elton Ann Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Ada Andrews Kansas City, Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BASAL SKULL FRACTURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>AUTO ACCIDENT</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease; condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>1.587.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>ACCIDENT</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY</b>	20f. CITY, TOWN, OR LOCATION <b>FAIR TWP. PLATTE MO.</b>
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <b>APPROX. 11:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Roland M. Giffey</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Platte City, Mo.</b>	
22c. DATE SIGNED <b>5-13-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-13-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>		23e. DATE RECD. BY LOCAL REG. <b>5.13.1962</b>	
24. FUNERAL DIRECTOR <b>Tommy R. Rollins</b>		26. REGISTRAR'S SIGNATURE <b>Aphie B. Rollins</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0830  
2 8150  
3 2  
4 2  
5 1  
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7 0  
8 2  
9 X  
10  
11 083  
12 91-3  
13 1-0

JUN 5 1962

MAY 18 1962

MAY 17 1962

MAY 22 1962

JUN 22 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James F. Rollins

Licensed Embalmer No. 5110

P. O. Address

St. Louis City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.